

**DECLARATION FOR PATENT APPLICATION**

As below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, original, first and joint inventor (of the subject matter which is claimed and for which a patent is sought on the invention entitled

**METHOD AND APPARATUS FOR PREVENTING UNAUTHORIZED ACCESS BY A NETWORK DEVICE**

the specification of which is attached hereto unless the following is checked:

☐ was filed on \_\_\_\_\_, as United States Application No. \_\_\_\_\_ or PCT  
 \_\_\_\_\_, bearing attorney docket No. \_\_\_\_\_  
 International Application No. \_\_\_\_\_, and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or section 365(a) of any PCT International application designating at least one country other than the United States listed below and have also identified below any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed:

Prior Foreign PCT International Application(s) and any priority claims under 35 U.S.C. §§119 and 365(a), (b):

(Number)	(Country-if PCT, so indicate)	(DD/MM/YY Filed)	Priority Claimed
			<input type="checkbox"/> <input type="checkbox"/>
			YES NO
			<input type="checkbox"/> <input type="checkbox"/>
			YES NO
			<input type="checkbox"/> <input type="checkbox"/>
			YES NO

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

(Application Number)	(filing date)
(Application Number)	(filing date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT International application(s) designating the United States of America listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56

which became available between the filing date of the prior application and the national or PCT International filing date of this application:

(Application No.)	(filing date)	(status-patented, pending, abandoned)
(Application No.)	(filing date)	(status-patented, pending, abandoned)

PCT International Applications designating the United States:

(PCT Appl. No.)	(U.S. Ser. No.)	(PCT filing date)	(status-patented, pending, abandoned)
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I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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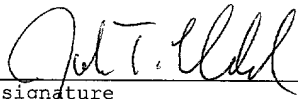
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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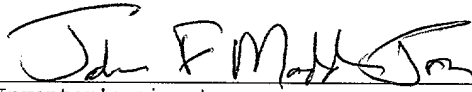
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167441.1

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Subscribed and sworn to before me this 20 day of Dec 2000

SEAL [Signature]  
Notary Public  
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My Commission Expires July 12, 2002

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STATE OF MASSACHUSETTS :  
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Subscribed and sworn to before me this 21 day of December, 2000.

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Merrill A. Hall

Notary Public

My Commission Expires \_\_\_\_\_

